

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004035

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

731

STATE FILE NUMBER

FILED FEB 8 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b 20 Yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Buren Middle Roberts Last		4. DATE OF DEATH Month January Day 22, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/2/1896
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Transportation Clerk		9b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	
10a. BIRTHPLACE (City and state or country) Dukedom, Tenn.		10b. CITIZEN OF WHAT COUNTRY U.S.A.	
11a. FATHER'S NAME Douglas Roberts		11b. MOTHER'S MAIDEN NAME Pearl Higgins	
12a. NAME OF HUSBAND OR WIFE Leola		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I & II	
14. SOCIAL SECURITY NO. None		15. INFORMANT Leola Roberts, 218 No. Sarah, St.	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Arterio Sclerosis 4201 DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		18. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. CITY, TOWN, OR LOCATION		COUNTY STATE	
24. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		25. SIGNATURE (Degree or title) Helen L. Taylor, Coroner	
26. ADDRESS 1300 Clark Ave.		27. DATE SIGNED 1-23-63	
28. BURIAL, CREMATION, REMOVAL (Specify) Removal		29. DATE 1-25-63	
30. NAME OF CEMETERY OR CREMATORY National Cemetery		31. LOCATION (City, town, or county) Jefferson Barracks, Mo.	
32. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington,		33. DATE RECD. BY LOCAL REG. JAN 23 1963	
34. REGISTRAR'S SIGNATURE Road Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address H. Lowe MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.